

CONNECTICUT STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
25 INDUSTRIAL PARK ROAD
MIDDLETOWN, CT 06457-1543

**SUMMER FOOD SERVICE PROGRAM
ENROLLMENT INFORMATION**

Camps and Enrolled programs must submit projected enrollment information with the SFSP application. At the beginning of each session, actual enrollment figures must also be submitted.

Name of Sponsor: _____ Agreement No. _____

Name of Site: _____

Session Number (Camp Sponsors Only): _____

Total Enrollment _____

Number of children who qualify for free or reduced price meals _____

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Number of children whose family size and income exceeds the guidelines
for free or reduced price meals _____

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I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. Deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

(Signature) (Title, PRINTED) (Date Signed)

Return this form to: Susan Bohuslaw
Coordinator, Summer Food Service Program
Child Nutrition Programs
Connecticut State Department of Education
25 Industrial Park Road
Middletown, CT 06457-1543